

ATTACHMENT 1

Notice of Intent to Apply

Submission by Facsimile – Send to Fax: 410-786-9004

Please complete and return by **September 8, 2006**, to:

Sona Stepp
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: 410-786-6815, Fax: 410-786-9004

- 1. Name of State:** Montana
- 2. Applicant Agency/Organization:** Department of Public Health and Human Services
- 3. Contact Name and Title:** Lynn Jennings, Clinical Program Officer, Children's Mental Health Bureau
or Mary Dalton, Administrator, Health Resources Division
- 4. Address:** 1400 Broadway, Room 113 (P.O. box 202951); Helena, Montana 59620-2951
- 5. Phone:** 406-444-3819 **Fax:** 406-444-1861
- 6. E-mail address:** LJennings@mt.gov or MDalton@mt.gov